



**DEPARTMENT OF ENVIRONMENTAL RESOURCES**

3800 Cornucopia Way, Suite C, Modesto, CA 95358-9494

Phone: 209.525.6700 • Fax: 209.525.6774

[www.stancounty.com](http://www.stancounty.com)

January 25, 2018

Ron Martella  
2288 Geer Road  
Hughson, CA 95326

**TRANSMITTAL OF CITATION NO. DER-18C-001 FOR TCR MCL FAILURE**

The Growers Direct Nut Company Water System violated the Maximum Contamination Level (MCL) for total coliform bacteria during the month of January 2018 as specified in the Domestic Water Quality Monitoring Regulation, Chapter 15, Title 22, California Code of Regulations. The Stanislaus County Department of Environmental Resources has issued Citation No. DER-18C-001 in response to this violation. The citation is being transmitted to the Growers Direct Nut Company Water System under cover of this letter. Please respond to each item of the Directives by the deadlines established in the citation.

Any person who is aggrieved by a citation issued by the Stanislaus Department of Environmental Resources may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the Stanislaus Department of Environmental Resources mails or serves a copy of the citation whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at:

[http://www.waterboards.ca.gov/drinking\\_water/programs/petitions/index.shtml](http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml)

Section 116650(d) and Section 116650(e) of the California Health and Safety Code allow for the assessment of a civil penalty for failure to comply with the requirements of Chapter 4 of the California Safe Drinking Water Act. Stanislaus County Ordinance provides that fees must be charged for staff time in responding to MCL violations. The fee charged is the Department's weighted labor rate of \$111.00 per hour, with a one-hour minimum. To date, 2.0 hours have been spent responding to the MCL violation. This Department will invoice you.

If you have any questions regarding this matter, please contact Rachel Riess at (209) 525-6720.

Sincerely,

Rachel Riess, REHS  
Registered Environmental Health Specialist

Enclosure (1)

STANISLAUS COUNTY  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
DIVISION OF ENVIRONMENTAL HEALTH

**TO:** Growers Direct Nut Company  
2288 Geer Road  
Hughson, CA 95326

**ATTN:** Ron Martella, Owner  
Growers Direct Nut Company

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,  
TITLE 22, SECTION 64426.1 (b)  
TOTAL COLIFORM RULE VIOLATION  
WATER SYSTEM NO. 5000596  
C I T A T I O N   N O .   D E R - 1 8 C - 0 0 1  
Issued on January 25, 2018**

The Department of Environmental Resources (hereinafter "Department"), acting by and through its Division of Environmental Health (hereinafter "Division") and the Manager for the Division (hereinafter "Manager"), hereby issues this Citation (hereinafter "Citation") pursuant to Sections 116330 (f) and 116650 of the California Health and Safety Code (hereinafter "CHSC") to the Growers Direct Nut Company (hereinafter, "Growers") for violation of Title 22, California Code of Regulations (CCR), Section 64426.1 (b).

## APPLICABLE AUTHORITIES

**Section 116650 of California Health and Safety Code provides:**

1 (a) If the Division determines that a public water system is in violation of  
2 this chapter or any regulation, permit, standard, citation, or order issued or adopted  
3 thereunder, the Division may issue a citation to the public water system. The citation  
4 shall be served upon the public water system personally or by certified mail. Service  
5 shall be deemed effective as of the date of personal service or the date of receipt of  
6 the certified mail. If a person to whom a citation is directed refuses to accept delivery  
7 of the certified mail, the date of service shall be deemed to be the date of mailing.

8 (b) Each citation shall be in writing and shall describe the nature of the  
9 violation or violations, including a reference to the statutory provision, standard, order,  
10 citation, permit, or regulation alleged to have been violated.

11 (c) A citation may specify a date for elimination or correction of the  
12 condition constituting the violation.

13 (d) A citation may include the assessment of a penalty as specified in  
14 subdivision (e).

15 (e) The Division may assess a penalty in an amount not to exceed one  
16 thousand dollars (\$1,000) per day for each day that a violation occurred, and for each  
17 day that a violation continues to occur. A separate penalty may be assessed for each  
18 violation.

19 **California Code of Regulations, Title 22, Section 64426.1, subsection (b)**  
20 **provides, in relevant part:**

21 (b) A public water system is in violation of the total coliform Maximum  
22 Contaminant Level ("total coliform MCL") when any of the following occurs:

23 (2) For a public water system which collects fewer than 40 samples per  
24 month, more than one sample collected during any month is total coliform-positive; or

25 (3) Any repeat sample is fecal coliform-positive or E.coli-positive; or

26 (4) Any repeat sample following a fecal coliform-positive or E.coli-  
27 positive routine sample is total coliform-positive.



1 (c) If a public water system is not in compliance with paragraphs (b)(1) through  
2 (4) during any month in which it supplies water to the public, the water supplier shall  
3 notify the State Board by the end of the business day on which this is determined,  
4 unless the determination occurs after the State Board office is closed, in which case  
5 the supplier shall notify the State Board within 24 hours of the determination. The  
6 water supplier shall also notify the consumers served by the water system.

### 7 **STATEMENT OF FACTS**

8 Growers has not been issued a water supply permit as the supply does not  
9 meet Drinking Water standards and is operating under Compliance Order DER-16CO-  
10 009, which was issued on August 24, 2016.

11 Growers' water system is located in Stanislaus County along Geer Road,  
12 approximately 0.3 miles east of the City of Hughson. Growers' service area is  
13 approximately 10.44 acres in size.

14 Growers' water system is classified as a nontransient noncommunity water  
15 system that serves the employees and visitors of a nut processing facility. According  
16 to the 2016 Annual Report to the Division, Growers serves approximately 25 people  
17 through 5 service connections. However, a Stanislaus County Planning Department  
18 Application Questionnaire dated December 30, 2015, indicates that 95 to 105 people  
19 are supplied water. None (0) of these service connections are metered and five (5)  
20 are un-metered. The water system obtains its water supply from one active well  
21 located on Growers property.

22 The source of supply for Growers water system is a single well (2013 Well)  
23 with two submersible pumps of unknown capacities and horsepower. One pump  
24 discharges to the domestic water distribution lines and the second pump discharges  
25 to fire suppression for the Storage Building K. The remaining fire suppression  
26 demands are not provided by this well and are supplied by a separate dedicated  
27 irrigation well.

1 With a population of up to 105, the Growers water system is required to have  
2 one sample examined for bacteriological quality every month from its distribution  
3 system. The Growers' contract laboratory, FGL Environmental, utilizes the testing SM  
4 9223B method for bacteriological analyses.

5 Specifically, on January 2, 2018, the Growers water system collected one  
6 routine sample for bacteriological quality from the designated site in the distribution  
7 system. One sample, collected from the production office hose bib, tested positive for  
8 total coliform bacteria. The samples were negative for E.coli coliform bacteria.

9 On January 4, 2018, the Growers water system collected four repeat samples  
10 (one sample each from the routine coliform positive sample location, the downstream  
11 locations, the upstream locations and the well head). Three of the repeat samples  
12 tested positive for total coliforms and none were E.coli coliform positive.

13 On January 15, 2018, this Division received via email the first notification that  
14 the Growers water system had an initial and three repeat bacteriological quality  
15 samples that tested positive for total coliforms. This email also included  
16 documentation dated January 5, 2018, that consumers served by the Growers water  
17 system were notified of the bacteriological quality (Total Coliform Rule) failure using a  
18 State Board approved template posted on a public bulletin board.

### 19 DETERMINATION

20 The Division has determined that Growers failed to comply with the  
21 requirements of Section 64426.1 (b) due to the fact that Growers had more than one  
22 sample during the month of January 2018 that was total coliform-positive. Therefore,  
23 Growers is in violation of Section 64426.1 (b) of the California Code of Regulations.

24 Also, the Division has determined that Growers failed to comply with the  
25 requirements of Section 64426.1 (c) due to the fact that Growers did not notify the  
26 State Board or this Division that the water system was not in compliance with 64426.1  
27 (b). Therefore, Growers is in violation of Section 64426.1 (c) of the California Code of  
28 Regulations.



## **DIRECTIVES**

Growers is hereby directed to take the following actions:

1. By February 5, 2018, perform an investigation to determine the cause of possible significant rise in bacterial count in the Growers distribution system during the month of January 2018. A report of the investigation shall also be prepared in accordance with Section 64426 (b)(2), Title 22, CCR, and submitted to the Department by the above date. A form that should be used to meet this requirement also has already been sent to Quality Service by email.
2. By February 5, 2018, submit to this Division a written plan demonstrating future procedures for notifying this Division of bacteriological quality (Total Coliform Rule) failures in accordance to the approved Emergency Notification Plan.

The Division reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation, and shall be deemed effective upon issuance.

Nothing in this Citation relieves Growers of its obligation to meet the requirements of the California Safe Drinking Water Act, or of any regulation, permit, standard, or order issued or adopted thereunder.

All submittals required by this Citation shall be submitted to the Division at the following address:

Rachel Riess, REHS  
Department of Environmental Resources  
3800 Cornucopia Way, Suite C  
Modesto, CA 95358

## **PARTIES BOUND**

This Citation shall apply to and be binding upon Growers, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

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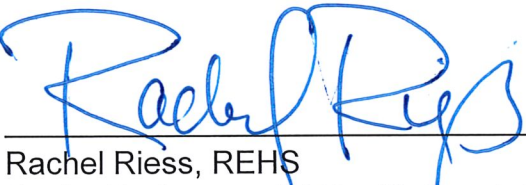
**SEVERABILITY**

The Directives of this Citation are severable, and Growers shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the Department to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Board to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Department; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with violates an order of the Department. The Department does not waive any further enforcement action by issuance of this citation.

1/25/18  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Rachel Riess, REHS  
Senior Environmental Health Specialist  
Division of Environmental Health  
Department of Environmental Resources  
Stanislaus County

Attachment:  
1. Revised Total Coliform Rule – Level 1 Assessment  
Certified Mail No. 7014 3490 0001 6851 3277

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

## ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Coliform Treatment Technique Trigger:			

## INVESTIGATION DETAILS

SOURCE	WELL	WELL	WELL	WELL	COMMENTS (attach additional pages if needed)
	(name)	(name)	(name)	(name)	
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. How often do you take a raw water total coliform (TC) test?					
j. Provide the date and result of the last TC test at this location					

## STORAGE

	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Simple Systems with a Well and Pressure Tank and No Treatment

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STORAGE	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
8. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?					
9. What is the volume of the storage tank in gallons?					
10. Is the tank baffled?					
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

PRESSURE TANK	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					
5. Is the compressor pump running more often than normal?					
6. Is the tank bladder broken and the tank water logged?					
7. Is the tank(s) damaged, rusty, leaking, or has holes?					
8. Was there any recent work performed?					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?					
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Simple Systems with a Well and Pressure Tank and No Treatment

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES			
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?				
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?				
6. If there was a mainline leak, when was it repaired?				
7. On what date was the distribution system last flushed?				
8. Is there a written flushing procedure you can provide for our review?				
9. Do you have an active cross connection control program?				
10. What is name and phone number of your Cross-Connection Control Program Coordinator?				
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?				
12. On what date was the last physical survey of the system done to identify cross-connections?				

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site	Upstream	Downstream	4 <sup>th</sup> Repeat Sample
	TC+ or EC+	Site	Site	(specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?				
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?				
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Simple Systems with a Well and Pressure Tank and No Treatment

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GENERAL OPERATIONS:	
Response	
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	
2. Does the water system have a written sampling procedure and was it followed?	
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5. Does the system have backup power or elevated storage?	
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7. What were the symptoms of illness if you received complaints about customers being sick?	

**SUMMARY:** Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

**CORRECTIVE ACTIONS:** What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.		
2.		
3.		
4.		
5.		



**REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM**  
**Simple Systems with a Well and Pressure Tank and No Treatment**

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**CERTIFICATION:** I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:**

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.